

<b>Case Number:</b>	CM14-0154894		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia and District of Columbia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old patient who sustained injury on Feb 24 2009. She sustained injury and then had issues with neck pain and upper back pain, left wrist pain and low back pain. She underwent multiple acupuncture sessions. She underwent multiple MRIs of the neck, upper, mid and low back. She was prescribed Tylenol and medications for high blood pressure and a thyroid condition. She was diagnosed with cervical sprain with radiculopathy , as well as thoracic sprain and lumbar sprain with radiculopathy. She was given Toradol Injection. She was prescribed omeprazole. She had four chiropractic sessions from Feb 1 2014 to Apr 4 2014. However, the patient did not achieve a clinical benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

**Decision rationale:** Per MTUS, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for

example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Per the documentation provided there is no indication that the patient had any risk factors which would require GI prophylaxis and therefore this would not be indicated.